



**ISLAMORADA, VILLAGE OF ISLANDS
PLANNING AND DEVELOPMENT SERVICES DEPARTMENT**

**APPLICATION FOR RENEWAL OF NEW VACATION RENTAL LICENSE AND ANNUAL
REGISTRATION (Applicants who applied as “New” or “Renewal of New” and received a
Vacation Rental License in 2010)**

Pursuant to Village Code Chapter 30, Article VI, Division 6
Application Fee: \$1,000.00

ACCEPTED BY APPOINTMENT ONLY

Please be advised, in order to be eligible to apply for a Vacation Rental License, the property must be assessed by the Monroe County Property Appraiser at a value in excess of:

\$375,000	If property is within RH or MU FLUM	This value is based on 600% of the 2007 median adjusted gross annual income for households within Monroe County of \$62,500; utilizing the 2007 Monroe County Property Appraiser assessed values. (See Ordinance 11-08)
\$622,800	If property is within RC, RL or A FLUM	Based on 900% of the 2009 median adjusted gross annual income for households within Monroe County of \$69,200; utilizing the 2009 Monroe County Property Appraiser assessed values.

PROPERTY OWNER / APPLICANT:

Name: _____
Mailing Address: _____
Home/Mobile Phone: _____ Office: _____ Fax: _____
Email: _____

AGENT (if applicable): Property Owner must submit a notarized letter authorizing the agent to act on their behalf including the agent’s name, address and phone number.

Name: _____
Mailing Address: _____
Home/Mobile Phone: _____ Office: _____ Fax: _____
Email: _____

PROPERTY MANAGER (Required): A delegated 24-hour contact person other than an owner who resides in the Village and is responsible for leasing or day-to-day maintenance and operation of a residential dwelling unit used as a vacation rental use.

Name: _____
Mailing Address: _____
Home/Mobile Phone: _____ Office: _____ Fax: _____
Email: _____

SECONDARY LOCAL CONTACT PERSON(Required): A delegated 24-hour contact person residing in Monroe County north of the Seven Mile Bridge.

Name: _____
Mailing Address: _____
Home/Mobile Phone: _____ Office: _____ Fax: _____
Email: _____

LEGAL DESCRIPTION OF PROPERTY on which vacation rental license is sought:

Physical Address: _____
Key: _____ Mile Marker: _____

Lot: _____ Block: _____ Subdivision: _____
Real Estate Number: _____ Alternate Key: _____
Land Use District (Zoning): _____ Future Land Use Map Designation (FLUM): _____

REQUIRED DOCUMENTS PURSUANT TO CODE SECTION 30-1296

The Village shall consider all documents submitted and on file for **Vacation Rental License No. _____** as part of this application.

- 1) A \$1,000 application fee payable to Islamorada, Village of Islands.
- 2) Attach a copy of **ALL** paid and filed **MONTHLY** Monroe County Tourist Development Tax receipts demonstrating vacation rental use for the most recent 12 months. **See Exhibit "A"**.

Additionally, if the Monroe County Tourist Development Taxes (Required Document No. 2) have been paid on your behalf by a rental company, the following documentation is also required:

- a. A rental agreement between the property owner and rental / property management company (*if the previously submitted rental agreement has expired*).
 - b. Monthly breakdown of rentals which includes the price per unit and the sales/tourist taxes for the most recent 12 months.
 - c. Copies of checks remitted to the property owner from the property management company on a yearly or monthly basis **or** a copy of Schedule E of the property owner's tax returns for the most recent 12 months.
- 3) Attach a copy of each **YEARLY** Monroe County Local Business Tax (formerly called Occupational Licenses) for the property, as required by the Monroe County Tax Collector, demonstrating vacation rental use most recent 12 months. **See Exhibit "B"**.
 - 4) Attach a copy of the most recently issued State Licenses, including but not limited to, all licenses from the Florida Division of Hotels and Restaurants, Florida Department of Business and Professional Regulation as required by Chapter 509, Florida Statutes, for a public lodging facility (the "Resort Dwelling/Condominium License"). **See Exhibit "C"**.

Please be advised, Applicants who submit a Collective Resort Dwelling or Collective Resort Condominium Licenses [also referred to as a "Group License"] shall also submit Form DBPR HR 7008 – Division of Hotels and Restaurants List for Collective Licenses for Resort Condominium and Resort Dwelling indicating that the List has been stamped received by the DBPR.

- 5) Submit an inspection report, **at time of application or prior to issuance of license**, completed by the Village Fire Chief, as evidence that the vacation rental unit meets the applicable provisions of Rule 69A-43, Florida Administrative Code and the Florida Fire Prevention Code. Upon receipt of the vacation rental application, the Fire Department will be notified that the property is ready for a fire inspection. The Fire Department will contact the owner, agent, property manager and/or secondary contact to schedule an inspection. **Please specify if there is a specific person to be contacted for the fire inspection (i.e. the secondary contact)**. If you have any questions regarding the fire inspection, please call **305-664-6490**.
- 6) **Please submit copies of the renewed license for the local business tax (Required Document No. 3) and the state license (Required Document No. 4) to the Village as they become available.**

MONROE COUNTY TOURIST DEVELOPEMENT TAX RETURN DANISE D. HENRIQUEZ, CFC

Reporting Period: 04-2008
Sales Tax No.:
Reporting: MONTHLY

Acct#:
Delinquent if postmarked after: 05/20/2008

Mailing Address:

1. Gross Rental Receipts:	6000.00
2. Exempt Rentals:	0
3. Taxable Rentals (line 1 less line 2):	6000.00
4. Total Tax 4%:	240.00
5. Less - Collection Allowance:	6.00
6. Plus - Penalty:	0
7. Plus - Interest:	0
8. Total Amount Due:	284.00

Business Name:

Business Address:

ISLAMORADA, FL 33036

Business Phone:
Rental Type: OTHER
District: District 40
Total Units: 1

YOUR COPY

Make checks payable to: Danise D. Henriquez,
CFC

Monroe County Tax Collector
P.O. Box 1129
Key West, FL 33041-1129

INSTRUCTIONS FOR COMPLETING TAX RETURN

1. GROSS RENTAL RECEIPTS: Enter the total dollar amount of short term rentals (six month or less).
2. EXEMPT RENTAL RECEIPTS: Enter the dollar amount of any rentals covered by State and/or Federal Certificates of Exemption.
3. TAXABLE RENTAL RECEIPTS: Enter the dollar amount of taxable rental receipts (line 1 minus line 2).
4. TOTAL TAX: Enter total Tourist Development Tax collected, 4% of Line 3.
5. COLLECTION ALLOWANCE: It is 2.5% (.025) of the first \$100 of tax due from line 4, not to exceed \$30.00. After the 20th day following the reporting period, there is no entitlement to a collection allowance, and penalty & interest will apply.
6. PENALTY: After the 20th day following the reporting period, enter 10% of the amount on line 4, but in no case shall the penalty be less than \$50.00.
7. INTEREST: After the 20th day following the reporting period, contact for the current information.
8. TOTAL AMOUNT DUE: Line 4, less line 5. If later, add line 4, 6, 7 (line 5 will be zero).

SAMPLE

**2010 / 2011
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2011**

Business Name:

RECEIPT#

Owner Name:
Mailing Address:

Business Location: ISLAMORADA, FL 33036
Business Phone:
Business Type: APARTMENTS CONDOS HOUSES & COMMERCIAL UNITS (RENTAL UNIT)

Rooms **Seats** **Employees** **Machines** **Stalls**
1

		For Vending Business Only				
		Number of Machines:		Vending Type:		
Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
20.00	0.00	20.00	0.00	0.00	0.00	20.00

Paid 000-09-00001909 08/22/2010 20.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT
WHEN VALIDATED

Danise D. Henriquez, CFC, Tax Collector
PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX.
YOU MUST MEET ALL
COUNTY AND/OR
MUNICIPALITY PLANNING
AND ZONING REQUIREMENTS.

MONROE COUNTY BUSINESS TAX RECEIPT
P.O. Box 1129, Key West, FL 33041-1129
EXPIRES SEPTEMBER 30, 2011

Business Name:

RECEIPT#

Owner Name:
Mailing Address:

Business Location: ISLAMORADA, FL 33036
Business Phone:
Business Type: APARTMENTS CONDOS HOUSES & COMMERCIAL UNITS (RENTAL UNIT)

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Paid 000-09-00001909 08/22/2010 20.00



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DIVISION OF HOTELS AND RESTAURANTS
1940 NORTH MONROE STREET
NORTHWOOD CENTRE
TALLAHASSEE

FL 32399-1015

Exhibit "C"

850-487-1395

SAMPLE

STATE OF FLORIDA AC#
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DWE 08/24/04 000000000
SINGLE RESORT DWELLING (2007)

IS LICENSED under the provisions of Ch. 509 FS.
Expiration date: OCT 1, 2005 L0

DETACH HERE

01560695

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
DIVISION OF HOTELS AND RESTAURANTS

SEQ#L0

DATE	BATCH NUMBER	LICENSE NBR	NBR OF UNITS
08/24/2004	000000000	DWE	1

THE SINGLE RESORT DWELLING (2007)

NAMED BELOW IS LICENSED

UNDER THE PROVISIONS OF CHAPTER 509 FS.

EXPIRATION DATE: OCT 1, 2005

NON-

TRANSFERABLE

ISLAMORADA, VLG OF I FL 33036

JEFF BUSH
GOVERNOR

DIANE CARR
SECRETARY

DISPLAY AS REQUIRED BY LAW